



# TOWN OF NEWINGTON

131 Cedar Street Newington, Connecticut 06111

## Parks & Recreation Department

### Creative Playtime Preschool Program Parent's Agreement

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

#### **Verification of Receipt of Parent Handbook**

By signing this document, I verify that I have read the Creative Playtime Preschool Program's Parent Handbook. I am aware of the discipline and behavior policies that will be implemented in the classroom.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Discussion of Behavior Management Techniques**

The techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment and I understand that they will be reviewed with me as needed during the period of my child's enrollment.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Non-Refundable Deposit**

I understand that the 25% deposit paid at the time of registration to reserve my child's spot in Creative Playtime Preschool Program is **non-refundable**.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Payment Agreement** (please check one)

- ☐ **Pay in Full Option:** I have chosen to pay my child's registration fees in full. I understand that the full balance of payment is required on or before 7/20/16. I understand that a \$25 late fee will be assessed if this payment is more than one week overdue and that if this payment is more than two weeks overdue, I will forfeit my child's space in the program, my deposit and any other fees or payments made to the program.
- ☐ **Payment Plan Option:** I have chosen the payment plan option and understand and agree that payments will be my responsibility and will be due on or before 7/20/16, 10/20/16 and 1/20/17. I understand that I will not receive reminder notices when these bills are due and that it is my sole responsibility to make the payments on time. I understand that a \$25 late fee will be assessed for each payment more than one week overdue and that if any payment is more than two weeks overdue, I will forfeit my child's space in the program, my deposit and any other fees or payments made to the program. I also understand that I may choose to pay in full at any time.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_